

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
AUG 05 2013
Bayfield Co. Zoning Dept.

Permit #: 13-0039
Date: 8-13-13
Amount Paid: \$75
Refund: 8-5-13
ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: Scott BKL		Mailing Address: 1980 Pioneer Rd		City/State/Zip: Cable WI 54821		Telephone: 715-7982364			
Address of Property: 1980 Pioneer Rd		City/State/Zip: Cable WI 54821		Contractor Phone: N/A		Plumber: N/A		Cell Phone: 715-492-4184	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plumber Phone:	
PROJECT LOCATION NW 1/4, NE 1/4		Legal Description: (Use Tax Statement)		P.L.N. (23 digits) 04-0212 44 06 31-1 02 000 1 000		Recorded Document (i.e. Property Ownership) Volume 824		Subdivision: 71	
Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No. Block(s) No.	
Section 31, Township 44 N, Range 6 W		Town of: Grand View		Lot Size 40 Acres		Acreage 40			
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of lake, Pond or Flowage If yes---continue -->		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Value at Time of Completion * include donated time & material \$6000		Project (What are you applying for)		Use		# of bedrooms		What Type of Sewer/Sanitary System is on the property?	
<input checked="" type="checkbox"/> New Construction		<input checked="" type="checkbox"/> 1-Story		<input type="checkbox"/> Seasonal		<input type="checkbox"/> 1		<input type="checkbox"/> Municipal/City	
<input type="checkbox"/> Addition/Alteration		<input type="checkbox"/> 1-Story + Loft		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> 2		<input type="checkbox"/> (New) Sanitary Specify Type: _____	
<input type="checkbox"/> Conversion		<input type="checkbox"/> 2-Story		<input type="checkbox"/> _____		<input type="checkbox"/> 3		<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____	
<input type="checkbox"/> Relocate (existing bldg)		<input type="checkbox"/> Basement		<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> Foundation		<input checked="" type="checkbox"/> None		<input type="checkbox"/> Portable (w/service contract)	
<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)		Length: 16'		Width: 14'		Height: 12'	
Proposed Construction:		Length: 16'		Width: 14'		Height: 12'	

Proposed Use	Principal Structure (first structure on property)	Dimensions	Square Footage
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input checked="" type="checkbox"/> Residential Use	with Loft	(X)	
	with a Porch	(X)	
	with (2nd) Porch	(X)	
	with a Deck	(X)	
	with (2nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(X)	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	(X)	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	(X)	
	Addition/Alteration (specify) screen porch	(16 X 14)	224
	Accessory Building (specify)	(X)	
	Accessory Building Addition/Alteration (specify)	(X)	
Rec'd for Issuance	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain)	(X)	
AUG 12 2013			

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application, including any accompanying information, has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property for any reasonable time for the purpose of inspection.

Owner(s): Scott BKL
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: 7-30-13

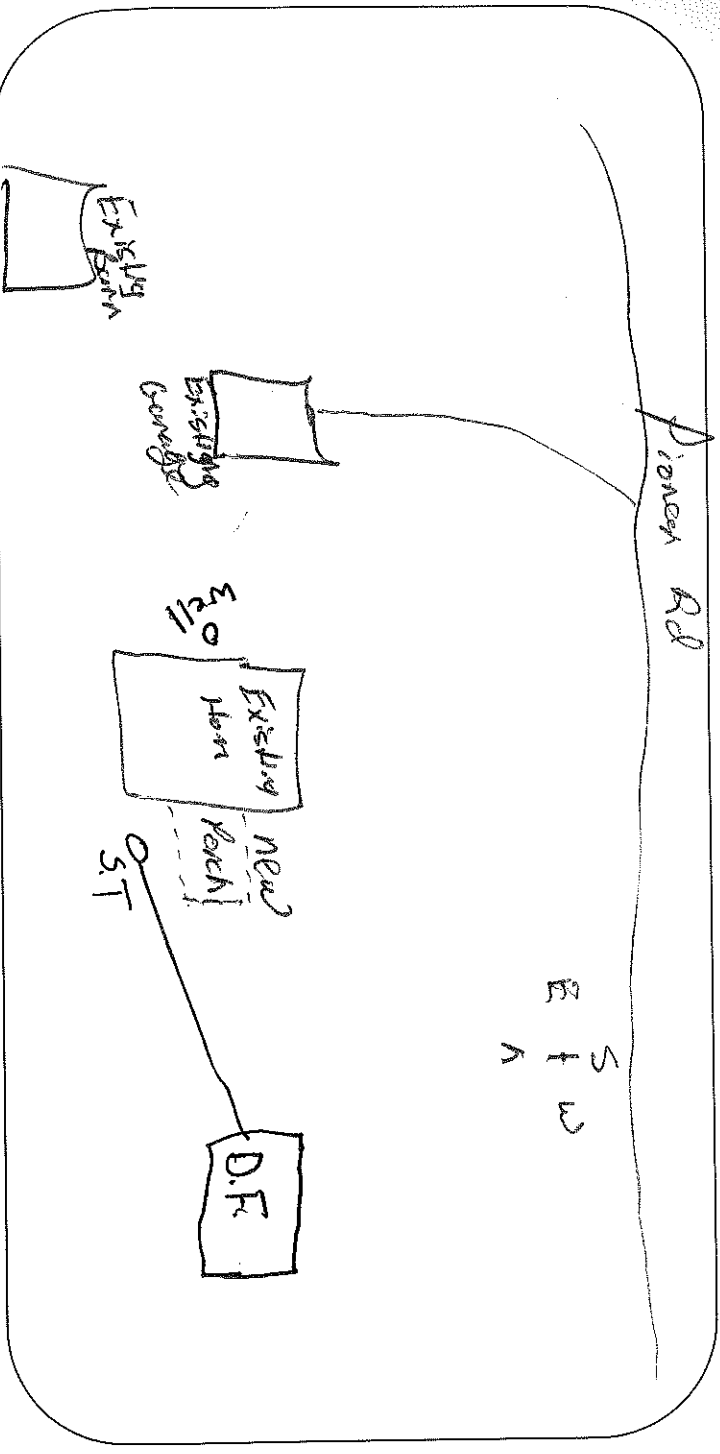
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: same as above

Attach ☒ Copy of Tax Statement ☒ If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300' ±	Setback from the Lake (ordinary high-water mark)	NA
Setback from the Established Right-of-Way	300' ±	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	900	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	600	Setback from Wetland	NA
Setback from the West Lot Line	600	Setback from 20% Slope Area	NA
Setback from the East Lot Line	150	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	50	Setback to Well	8
Setback to Drain Field	600		
Setback to Privy (Portable, Composting)	NA		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 307435	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0039		Permit Date: 8-13-13		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (fused/contiguous lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Report:		Zoning District (R-2)		
Must call out back!		Lakes Classification (NA)		
Date of Inspection: 8-8-13		Inspected by: M. Funtale		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: Michael Funtale				
Date of Approval: 8-13-13				
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>				

SUBMITTER COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE STAMP (received)
AUG 09 2013
Bayfield Co. Zoning Dept.

Permit #: 13-0248
Date: 8-16-13
Amount Paid: \$75
Refund: 8-13-13
13-0248 EXTENDED

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Shawn Shanks - Holly Pawloski	Mailing Address: 21950 W. Ryan Ln Cable, WI 54821	City/State/Zip: Cable, WI 54821	Telephone: (715) 363-3202
Address of Property: same as above		City/State/Zip:	Cell Phone: 794-2979
Contractor: self	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: 1/4, 1/4		PIN: (23 digits) 04-021-2-44-06-21-405-003-16000	Recorded Document (i.e. Property Ownership) Volume 807 Page(s) 73
Gov't Lot 3		Lot(s) CSM	Vol & Page
Section 21, Township 44 N, Range 6 W		Town of Grand View	
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline: Creek or Landward side of Floodplain? Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->	Distance Structure is from Shoreline: feet Distance Structure is from Shoreline: 790 (sewer) feet
<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue -->		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material \$ 21,000	Project (What are you applying for) <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	# of Stories and/or basement <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	Use Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	# of bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	What Type of Sewer/Sanitary System Is on the property? <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input checked="" type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/ service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	Water <input type="checkbox"/> City <input checked="" type="checkbox"/> Well
---	---	--	--	---	---	--

Existing Structure: (if permit being applied for is relevant to it)	Length: 36'	Width: 32'	Height: 16'
Proposed Construction:	Length: 36'	Width: 32'	Height: 16'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (First structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
<input type="checkbox"/> Residential Use	with Loft	() X ()	
<input type="checkbox"/> Commercial Use	with a Porch	() X ()	
<input type="checkbox"/> Municipal Use	with (2nd) Deck	() X ()	
<input type="checkbox"/> Rec'd for Issuance	with a Deck	() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	with Attached Garage	() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	Accessory Building (specify) garage	(32 X 36)	1152
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	Accessory Building Addition/Alteration (specify)	() X ()	
<input type="checkbox"/> Special Use: (explain)	Special Use: (explain)	() X ()	
<input type="checkbox"/> Conditional Use: (explain)	Conditional Use: (explain)	() X ()	
<input type="checkbox"/> Other: (explain)	Other: (explain)	() X ()	

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Shawn Shanks - Holly Pawloski Date 8-8-13

(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above

Date 8-8-13

Attach

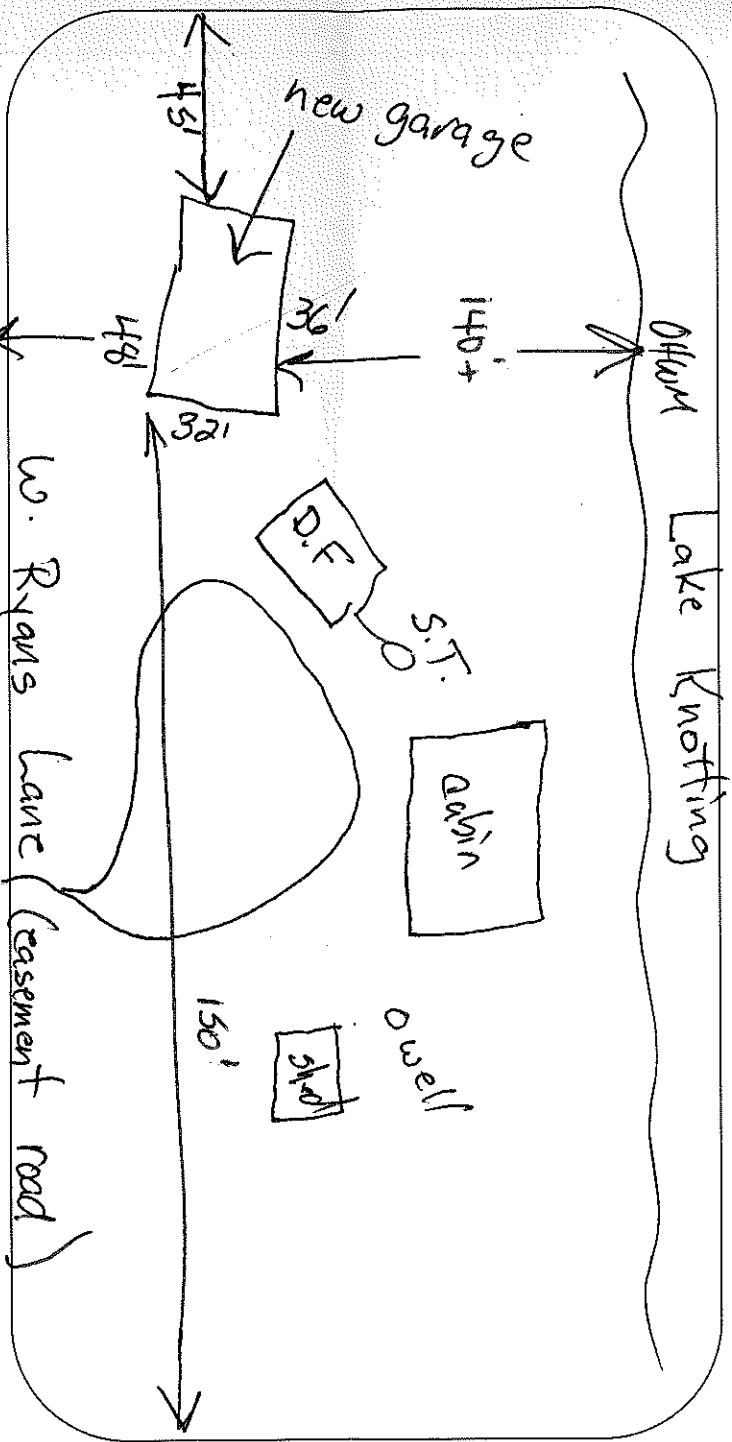
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measure to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	48 Feet	Setback from the Lake (ordinary high-water mark)	140+ Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River Stream, Creek	NA Feet
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	40+ Feet
Setback from the West Lot Line	45 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	150 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	50+ Feet	Setback to Well	140+ Feet
Setback to Drain Field	30 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:						
Permit Denied (Date):		Reason for Denial:									
Permit #: 13-02413		Permit Date: 8-16-13									
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Mitigation Attached		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)		Case #:					
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:							
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
Inspection Record:											
Date of Inspection: 8-8-13		Inspected by: M. Tuttle		Zoning District (R-1)		Lakes Classification (2)					
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		May not be used for human habitation. No water under pressure in structure									
Signature of Inspector: Michael Tuttle		Date of Approval: 8-13-13									
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>					